

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032192

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. -

Registrar's No. 349

FILED AUG 21 1962

VS 300
Rev. 4/59

10940

20940

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BismarckLength of stay in 1b
10 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Francois

c. CITY
OR TOWN BismarckInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John Valle Hagerty

4. DATE
OF DEATH

Month

Day

Year

Aug. 9 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/8/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months 3

Days 1

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman/Mo-Pac/R.R.

10b. KIND OF BUSINESS OR INDUSTRY

Fireman/R.R.

11. BIRTHPLACE (City and state or country)

Desoto, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Hagerty

13b. MOTHER'S MAIDEN NAME

Matie Randalls

14. NAME OF HUSBAND OR WIFE

Gladys Hagerty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes 19/3/22-9/1/26

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gladys Hagerty Bismarck, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN
ONSET AND DEATH
immediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Thrombosis and Myocardial Infarction

Minutes

DUE TO (c)

Arteriosclerosis

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 9, 1962, to August 9, 1962 and last saw him alive on August 9, 1962
Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. M. Beck D.O.

22b. ADDRESS

Bismarck, Missouri

22c. DATE SIGNED

8/12/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/12/62

23c. NAME OF CEMETERY OR CREMATORY

Masonic

23d. LOCATION (City, town, or county)

Bismarck,

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Shipman & Sons Bismarck, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 12, 1962

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

SEP 5 1962
AUG 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John N. Shipman Jr., Student Embalmer No. 664
working under my personal supervision.

Student John N. Shipman Jr. Signed John N. Shipman
Signature of Student Embalmer

Licensed Embalmer No. 4881

P. O. Address HN 5 Bismarck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.